Application for Part-Time Employment PRE-EMPLOYMENT QUESTIONNAIRE, EQUAL OPPORTUNITY EMPLOYER



POSITION DESIRED:			DATE AVAILABLE TO START				
PERSONAL INFO	RMATION						
NAME (LAST NAME FI	IRST)		SOCIAL SECURITY NO.				
PERMANENT ADDRES	SS		STATE		ZIP CODE		
EMAIL ADDRESS			CELL PHONE NO.				
AGE RANGE 14-15	16-17 18+						
EDUCATION HIST	TORY						
	NAME & LOCATION OF SCHOOL	YEA ATTEN		DID YOU GRADUATE	SUBJECTS STUDIED		
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS, CORRESPONDENC SCHOOL							
GENERAL INFOR	MATION						
SUBJECT OF SPECIAL STUDY/RESEARCH WO							
SPECIAL TRAINING	JRK						
SFECIAL TRAINING							
SPECIAL SKILLS	SPECIAL SKILLS						
U.S. MILITARY OR NA	VAL SERVICE		RANK				
FORMER EMPLOY	YERS LIST LAST FOUR EMPLOYERS, ST	ΓARTINC	G WITH N	MOST REC	ENT		
	EMPLOYER NAME AND SUPERVISOR N CONTACT INFORMATION		POSITI		REASON FOR LEAVING		
FROM							
ТО							
FROM							
ТО							
FROM							
TO							
FROM							

REFERENCES						
PROVIDE A MINIMUM OF 3 REFERENCES. REF						
WHO CAN UNBIASEDLY SPEAK ABOUT YOUR	R WORK ET	THIC. REFERENCES SHOULD NOT BE RELATE	ED TO YOU.			
REFERENCE NAME		POSITION / TITLE / OR RELATIONSHIP	YEARS KNOWN			
IS THIS A PROFESSIONAL OR PERSONAL REFERENCE? PROFESSIONAL PERSONAL	REFERE	NCE PHONE NO. AND/OR EMAIL				
REFERENCE NAME	<u>'</u>	POSITION / TITLE / OR RELATIONSHIP	YEARS KNOWN			
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IS THIS A PROFESSIONAL OR PERSONAL REFERENCE? PROFESSIONAL PERSONAL	REFERE	NCE PHONE NO. AND/OR EMAIL				
A VIEW O DATA TO VI						
AUTHORIZATION						
"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.						
I authorize investigation of all statements contained he concerning my previous employment and any pertiner liability for any damage that may result from utilization	nt informatio	on they may have, personal or otherwise, and release				
I also understand and agree that no representative of the specified period of time, or to make any agreement correpresentative.			= :			
This waiver does not permit the release or use of disab Disabilities Act (ADA) and other relevant federal and	-	l or medical information in a manner prohibited by t	he Americans with			
I understand that a consumer credit report or criminal understand that, in compliance with federal law, the coalso obtain a separate written authorization from me to not automatically result in disqualification from emplo	ompany will o consent to	provide me with a written notice regarding the use	of these reports and will			
In compliance with federal law, all persons hired will the required employment eligibility verification docur	-		d States and to complete			
SIGNATURE		DA	TE			